Ministry of Human Services' Response to the Office of the Child and Youth Advocate Annual Report 2012-2013

April 2014

Alberta
Human Services

Table of Contents

Background 3

Systemic Issues 2012-2013 4

- Young Children in Staffed Facilities 4
- Mental Health and Vulnerable Children and Youth: 6

Systemic Issues from Previous Annual Reports 8

Standing Issues 10

Conclusion 11

Background

The *Child and Youth Advocate* (CYA) *Act* was proclaimed on April 1, 2012, making the Child and Youth Advocate an independent Officer of the Legislature.

The proclamation of the CYA Act brought about a change not only in the role of the Office of the Child and Youth Advocate (OCYA), but in the relationship between the OCYA and the ministry. We are pleased that the OCYA and the ministry were able to enter into a mutually agreeable Memorandum of Understanding (MOU), which will be revisited regularly to ensure it continues to reflect our working relationship.

As a result of the MOU, regular meetings occur between executive, including the Advocate and the Deputy Minister, and senior staff from both organizations. In addition, four working groups, involving staff from both organizations, meet regularly to discuss:

- Investigations
- Information Sharing
- Mandatory Notifications
- Change Management and Common Communications

The CYA Act requires the Advocate to report annually to the Legislative Assembly about the work of the OCYA. The 2012/2013 report makes six recommendations about two new systemic issues identified about the child intervention system in Alberta in 2012/2013.

In general terms, the ministry agrees with the findings of the report and is providing a response that includes updates about how systemic issues are being addressed and information gathered from:

- Engagement with partnering ministries, including Alberta Health and Alberta Health Services (AHS), within the Government of Alberta.
- Engagement with internal ministry partners, including other divisions and our regional service delivery partners.
- Review of existing policies in comparison to issues identified in the report.
- Review of existing ministry initiatives (including partnering initiatives), current and past, in comparison to issues identified in the report.

We welcome the Advocate's input on ways to strengthen the child intervention system and look forward to working with him on our shared goal to achieve good outcomes for Alberta's children, youth and families.

Systemic Issues Identified in 2012-2013

The Advocate identified two systemic issues for 2012-2013, with three recommendations pertaining to each systemic issue.

Young Children in Staffed Facilities:

The ministry appreciates the identification of this issue, as it raised the level of scrutiny relating to practice around placement of children aged 10 years and younger in staffed facilities. A provincial meeting with ministry and service delivery partners was held on December 4, 2013 to discuss this issue. The recommendations were a catalyst for each of the regional service delivery partners to closely examine not only the number of children under the age of 10 in staffed facilities, but regional practice around placements, and the specific information about a child that can assist with identifying an appropriate placement to meet their needs.

Decisions to place children under the age of 10 in staffed facilities are taken very seriously. Regional service delivery partners have stated that any decision to place a child under the age of 10 involves careful consideration of the needs of the particular child, thoughtful and purposeful consultation and rigorous managerial approval processes.

Recommendation 1:

Increase the percentage of younger children who are in appropriate family-based placements. Unless there is a significant decrease in the number of younger children in care, increase the number of appropriate family-based placements.

Ministry Response: The ministry agrees with the findings. Staffed facilities fall under a broad spectrum of child and youth facilities ranging from traditional group homes and residential treatment facilities to short-term crisis nurseries and specialized medical placements. The number of children placed in staffed facilities does not provide a balanced perspective on practice. In recent years, front-line delivery staff have started creating opportunities to utilize traditional placement resources in non-traditional ways in order to better meet the needs of the children and families we serve.

For example, several innovative practices are currently emerging around "reunification homes" or "staff supported parental care." These are placements where a child's parent or guardian either lives in the placement or has a significant role in the day-to-day parenting of the child. Staff provide support and mentorship for parents to assist with successfully reintegrating the child back to the family environment. Some of these placements are success stories.

Family-based care is always our preferred placement as it allows children to experience healthy parent-child relationships and benefit from a normal, stable family environment. We continue to work with families to identify extended family members or significant others who are able and willing to provide care to a child in a kinship placement. This is a key area of focus during our initial involvement with a family.

We believe it is critical to acknowledge that for children whose behavioural, mental health or medical needs are extreme, there will continue to be a need for select placements in staffed facilities. Unfortunately, family-based placements are not always able to meet the specific needs of children under 10. For example:

- A child may have extreme needs which require 24/7 supervision and specialized support, beyond the capacity of even a well-trained and well-supported foster parent or kinship care provider. Providing significant resources such as in-home support and respite staff to the home may have the unintended consequence of creating an ad-hoc child and youth facility. It may also result in caregiver burnout – to the point where the caregivers are no longer capable or willing to provide care and the child must be moved.
- A child may need to be moved from a small or rural community to a larger centre to access the services required to meet their needs – medical, mental health or treatment – and a staffed facility may be the best option for meeting their needs.
- Siblings may be placed together in a staffed facility as they might not otherwise be able to be supported together, particularly for large sibling groups.
- Children under 10 may be placed in staffed facilities if it is a short-term emergency placement and it is expected they will either be quickly returned to family or moved to a family-based placement as soon as possible.

Recommendation 2:

Establish plans for all children aged 10 and younger who are in staffed facilities, that include goals and milestones directly related to their transition to a family-based placement and track the number and length of their placements.

Ministry Response: The ministry agrees with the findings. Plans for children aged 10 and under who are placed in staffed facilities should be specific to their needs, closely monitored and focused on the best interests of the children.

The plan may be focused on reintegration with the family or on locating the best placement option for a child. Regional service delivery partners agree that increased focus needs to be placed on planning that is aggressive in terms of locating a family-based option, wherever possible and appropriate, and are committed to elevating the monitoring of the plans and the placements to the regional level.

Recommendation 3:

Reduce the length of time that children aged 10 and younger are placed in staffed facilities for all children for whom there is no child specific need for this type of placement.

Ministry Response: The ministry agrees with the findings. As noted above, we believe that planning should be targeted and aggressive, and the amount of time that a younger child spends in a staffed facility instead of a family-based placement should be minimized. This is especially true where a child's behavioural, mental health or medical needs are not necessarily the primary reason for their placement in a staffed facility that is not a staffed "reunification home."

The ministry will keep this issue in the forefront and further commits to:

- Continued recruitment of foster parents and kinship care providers, and provision of specialized training on a case-by-case basis to them to help them succeed in meeting the needs of children in their care.
- Continued deliberate conversations and increased monitoring in regional service delivery areas of the number of children 10 years of age and younger placed in staffed facilities.
- Revisiting the coding definitions in the electronic information system to better reflect the reality of the variety of placement types, which has the potential to assist with monitoring.
- Discussing the issue a minimum of twice per year at the provincial level, along with the regular sharing of numbers and successful strategies for working with this specific group of children.

Mental Health and Vulnerable Children and Youth:

Recommendation 1:

The Ministry of Human Services engages with the Ministry of Health and other critical stakeholders, to develop and implement an Action Plan to improve the provision of Mental Health Services to children who are receiving child intervention services. An Action Plan will require objectives, tasks, time frames, resources and performance measures. One approach may be that the Ministry of Human Services asks the Council of Quality Assurance to implement an Expert Review Panel, in partnership with the Health Quality Council that results in an Action Plan for implementation.

Ministry Response: The ministry agrees with the findings and recognizes that, as one part of the solution when it comes to mental health services, collaborative efforts are key to improving services for children and youth.

Alberta Health and AHS lead in this area of service provision for children and youth. We are working in collaboration with them on several projects, including:

- Addiction and Mental Health Strategy Implementation Advisory Committee
- Children and Youth Executive Sponsorship Coordinating Committee
- Coordinated and Consistent Access Working Group
- Basket of Fundamental Addiction and Mental Health Services Working Group
- Bed Plan – Mental Health Working Group
- Adolescent Mental Health Pathway Working Group
- Mental Health Advocate Working Group
- Alberta Mental Health Family Advisory Committee
- Housing for Individuals with Complex Needs
- Residential Bed Review
- Children's Mental Health Learning Series

Human Services continues to work with Alberta Health and AHS to ensure children and youth who are involved with child intervention services receive the mental health supports they need. Government recently announced $5 million in new funding that will allow us to:

- Introduce three best practice sites in Calgary, Edmonton and Red Deer to provide increased mental health services to children and youth involved with the child intervention system.

- Calgary – reduce the need for residential care by preventing the need for a child receiving child intervention services, to come into care and/or shortening their time in care by increasing the capacity of parents to resume the primary parenting role for their children;
- Red Deer – develop a program for children and youth in care being discharged from acute care in a hospital setting and who are not ready to return to a community setting; or to prevent the need for a child or youth to access acute hospital care.
- Edmonton – provide more intensive, longer term treatment (for up to 18 months) for children and youth who have complex needs as well as to support transitioning into community-based settings as appropriate.

- Provide children and youth in care who have experienced physical abuse, sexual abuse and/or neglect with better access to mental health specialists.
- Provide child intervention staff with instant access to expert clinical/medical consultation that will help them better understand available psychiatric treatment plans and appropriate medications.
- Provide crisis mental health supports for high-needs children and offer effective strategies to help foster parents and other caregivers.
- Develop a cross-ministry mental health action plan that will enhance and sustain a high-level of supports for children involved with child intervention and expand the reach to support all children and families with mental health needs in Alberta.

The ministry is further committed to securing ongoing funding to maintain these services.

Recommendation 2:

The Ministry of Human Services review and revise its policy and practices regarding trauma for children and youth in care, and ensure that children and youth who are negatively impacted by traumatic events in their lives are provided with sufficient mental health supports and services to address their needs.

Ministry Response: The ministry agrees that young people who are impacted by trauma need to have access to appropriate mental health services; however, the recommended change to policy may not address the issue. Mental health services are the mandate of Alberta Health and AHS. We are aware that AHS is exploring technological options (e.g. web-based service access) to expand services to rural and remote communities for addiction and mental health services. We are committed to strengthening our working relationship with both bodies to improve supports to children and youth.

The shortage of mental health resources outside of major cities and barriers to accessing established services (e.g. entrance criteria to adolescent treatment programs) were recently discussed at the December 4, 2013 meeting. The ministry commits to engaging senior staff across ministries to discuss ways of optimizing opportunities to access mental services for children and youth receiving services, in addition to the development of a cross-ministry mental health action plan.

Recommendation 3:

The Ministry of Human Services increase its capacity to recognize early indicators of mental health issues in children and youth who are in government care, and work with other Alberta government ministries to ensure that early intervention for mental health issues is available for these children and youth.

Ministry Response: The ministry is supporting programs which increase the knowledge and practice capacity of staff members who work directly with children and youth impacted by trauma.

The ministry invested $250,000 in the 18-month Children's Mental Health Learning Series, which commenced in October 2013 and is offered via webcast to anyone with an interest in this area.

- The series looks at mental health across developmental stages from perinatal and prenatal to middle childhood and youth transitions.
- The monthly learning series aims to increase knowledge and to support children and youth experiencing mental health challenges, including trauma.
- The series will create a lasting resource targeted to the needs of front-line staff (community agencies, child intervention staff, Family Support for Children with Disabilities staff, Parent Link Centres, etc.), parents and caregivers (including foster parents, kinship care providers, adoptive parents and extended family members).

The ministry also delivers a two-day course to ministry staff and caregivers, *Mental Health First Aid: For Adults Who Interact With Youth.*

- Mental Health First Aid is the support and assistance provided to a person developing a mental health problem or experiencing a mental health crisis.
- The course focuses on mental health concerns and first aid for youth aged 12 to 24.
- It trains people to be "first responders" and intervene in the event of a crisis or identify an emerging health problem in our communities and in our workplaces.

Systemic Issues from Previous Annual Reports

The OCYA reports that four systemic issues identified in previous annual reports are unresolved. The ministry provides the OCYA with regular updates about the work that has been accomplished since the previous reporting period, as is noted in the Advocate's Annual Report.

1. Disproportionate Number of Aboriginal Children in Care

   The ministry is giving this issue priority and has taken action by focusing on creating relationships with Aboriginal stakeholders and developing joint solutions related to this issue.

   - The Minister met with the Grand Chiefs of each Treaty area in the Fall of 2013.
   - The ministry is working with the Chiefs and Council in all Treaty areas and with all service delivery partners to enhance and support the role of the Band Designate, to ensure their involvement in case planning for First Nation children in care who are away from their First Nations community.

- We continue to work in partnership with Aboriginal Relations, Aboriginal Affairs and Northern Development Canada, and First Nation, Métis and Inuit leadership and communities.
- The first Aboriginal Outcomes-Based Service Delivery site was launched in Edmonton in April 2012 with a second Aboriginal site launched in Calgary in 2013.
- When comparing the third quarter (April to December) of 2013-2014 with the third quarter of 2012-2013, we have seen a six per cent decrease in the number of Aboriginal children receiving child intervention services, including a five per cent decrease in the number of Aboriginal children in care. By taking steps together, we are beginning to see more Aboriginal children cared for safely at home.

2. Mandatory Notifications

The ministry has implemented the recommendation of the Advocate that a system be established to track, monitor and internally aggregate all mandatory notifications. Work is in progress relating to the other three recommendations attached to this systemic issue:

- Analyze the information for themes and trends.
- Use the information to inform policy and practice.
- Internally monitor the adherence to mandatory notifications policy and procedures province-wide to ensure the mandatory notifications protocol is consistently applied.

3. Neglect

The ministry is focusing on assessment and intervention strategies that address family support in the very early stages of involvement, including:

- Multiple service delivery partners have adopted strengths-based approaches to practice (e.g. Signs of Safety), which work well to support families to address conditions related to neglect before they become severe and require more intrusive intervention.
- In some areas of the province, child intervention and contracted agency staff have been trained in and adopted the Positive Parenting Program (Triple P). These types of programs are found to decrease the incidence of child abuse and neglect.

The ministry engaged in a jurisdictional scan of policies relating to neglect in other Canadian provinces and territories in order to examine promising practices. We found that most jurisdictions do not have policies or strategies targeted specifically at neglect, but focus on using assessment tools and decision making models (e.g. Structured Decision Making Model) as an overall approach and addressing neglect as an aspect within the child welfare issue spectrum.

As poverty has a significant impact on the incidence of neglect, the ministry is leading the development of a five-year plan to eliminate child poverty and a 10-year plan to reduce overall poverty in Alberta.

Government recently announced the investment of funding for training and skills development for home visitation practitioners in the Home Visitation program, which is a voluntary program for at-risk families who have children age six or younger. The training will help practitioners better screen for family violence and help families build healthier homes. Through home visitation, practitioners can detect root causes affecting the safety and well-being of children, including poverty, family violence,

sexual abuse and mental health concerns. This means preventative supports can be put into place before a crisis occurs.

4. Connection to Family and Community

The ministry has taken action to increase efforts to work with Delegated First Nation Agencies, First Nation Band Designates and Métis communities in order to increase the number of children connected to their communities and extended family. Ministry investments in Band Designate functions and activities support First Nation communities to participate in family searches, decision making and planning for their member children who are involved in the child intervention system.

The ministry has undertaken numerous activities to improve outcomes for all children and youth of all ethnicities, including:

- Reviewing practice during our initial involvement with families to emphasize the need to engage with family and extended family.
- Adopting relationship-based practice tools (e.g. Signs of Safety) that better support families as central to planning and decision making.
- Continuing to promote kinship care as the placement of choice.
- Engaging staff and our service delivery partners in developing a Child Intervention Practice Framework to further support and improve child intervention practice. The Framework is about collaborating with families, community agencies and other stakeholders in building positive, respectful partnerships across integrated multidisciplinary teams and providing individualized, flexible and timely services.

Overall, we continue to invest in programs and initiatives that help to build parental capacity to keep their children safe, including:

- Universal prevention programs such as Early Intervention and Early Childhood Development.
- Alberta Vulnerable Infant Response Team (AVIRT). Results show that families served by AVIRT teams were connected to twice as many community resources, especially health-related programs, professionals and agency support.
- Parent Link Centres to support healthy and resilient families by providing them with necessary parenting resources and connections with community.
- Basic supports, such as food, shelter, clothing and safety for the most vulnerable so that children who are experiencing neglect due to poverty do not require more intrusive intervention services.

Standing Issues

The OCYA identifies the interconnected standing issues of Permanency and Placement. The ministry continues to work diligently to improve permanency outcomes for children and youth (e.g. reunification with family, adoption, or private guardianship). Our regional service delivery partners remain committed to recruiting foster care and kinship care providers, and we continue to promote placement with extended family as the preferred placement option when a child cannot remain in the parental home.

Conclusion

The ministry is committed to working collaboratively with the OCYA in addressing systemic issues and achieving mutually desired results for children receiving services through the child intervention system. The ministry welcomes input about systemic issues, and strives to be proactive in making improvements and being responsive to recommendations.

We continue to focus on strengthening practice, tailoring supports and services to meet the challenges of each family, and providing creative and accessible training and development for caregivers, child intervention workers and agency partners that will lead to improved outcomes.

We have a shared responsibility, along with other government ministries, communities, and families, to support the safety, security and well-being of Alberta's children. We continue to take action on multiple levels that range from establishing strategic partnerships and relationships to on-the-ground services and supports that directly serve the needs of Albertans.

Our focus will remain on the safety and well-being of children, creating strong families and making sure there is continuous improvement of the system as a whole. Human Services continues to transform and to move towards delivering integrated services that are relevant, efficient, and meet the needs of Albertans and our communities.

The ministry acknowledges there is always room for strengthening our practice. We are working toward implementing the five-point plan publicly announced on January 8, 2014. The first two points have been achieved: the Child Intervention Roundtable was held January 28-29, 2014 and the Implementation Oversight Committee was appointed and has embarked on their task. As committed by the Minister, the draft summary report from the Child Intervention Roundtable is available for public review and comment on the Ministry of Human Services' website, and the final report will be tabled in the Legislature.

We are confident that with the ongoing development of a Child Intervention Practice Framework, the continued proclamation of components of the *Children First Act*, the development of Alberta's Children's Charter and the upcoming review of the *Child, Youth and Family Enhancement Act*, we are building purposeful practice on a strong foundation of well-researched tools, policies, programs, legislation and training that are taking us in a positive direction for children, youth and families.